

Post Line Management Annotations (F)

1. Post placement CXR - if < 10% pneumothorax and asymptomatic may watch closely with monitoring and repeat film in 4-6 hours. For any sx or > 10% pneumothorax, place chest tube.
2. Catheter malfunction:
 - a. Flushes well but doesn't draw back. Obtain bedside contrast study and continue to use if line in place.
 - b. Doesn't draw or flush - CXR to check position followed by 2 cc of TPA administration, clamp line for 20 min, withdraw TPA and recheck function. May repeat as needed.
3. Line infection:
 - a. Fever - no cellulitis, culture through the line, cover for gram pos until culture back and either stop or tailor antibiotics.
 - b. Fever and exit wound cellulitis - culture through line and cover for gram pos until culture back, then tailor treatment. If no resolution or cellulitis worsens - pull line
 - c. Tunnel infection - pull line.
 - d. Septic thrombus - for any of the above - If infection recurs after improvement or if the line does not draw back (even if it flushes) there is a fibrin plug at the tip which is now assumed to be infected. Must treat with TPA (as indicated in #2 above) in order to clear infection.
4. Dressings:
 - a. Wound must be checked for cellulitis daily - do not need to change dressing daily unless visualization of wound is impossible (OPSITE preferred for initial dressing)
 - b. When dressing changed - must be done with sterile technique.
5. Line usage:
 - a. Line must be flushed after blood is drawn, use either heparin or saline depending upon clinical situation.
 - b. If line capped off - must flush q 4 hours with heparin or q 1 hour with saline to avoid thrombus at tip.